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**CENTRAL FAX CENTER****VIA FACSIMILE: (703)-872-9306****MAR 23 2005**

Atty. Docket No. MIC35 P-334

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Art Unit : 1641  
Examiner : Mary Ceperley  
Applicants : Petar R. Dvornic et al.  
Appln. No. : 10/712,739  
Filing Date : November 13, 2003  
Confirmation No. : 8890  
For : **SOLID-STATE COLORIMETRIC BIOSENSORS COMPRISED  
OF DENDRITIC POLYMER NETWORKS**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

Dear Sir:


**CERTIFICATION OF FACSIMILE TRANSMISSION**

I hereby certify that the following papers are being transmitted in response to the Office Action mailed December 23, 2004, by facsimile to the Patent and Trademark Office on the date shown below:

1. Claims As Amended Cover Sheet (in duplicate), and
2. Amendment (consisting of thirteen (13) pages).

**YOU SHOULD RECEIVE A TOTAL OF 18 PAGES.**

March 23, 2005  
Date

  
Deborah A. Witvoet  
Price, Heneveld, Cooper,  
DeWitt & Litton, LLP  
695 Kenmoor, S.E.  
Post Office Box 2567  
Grand Rapids, Michigan 49501  
(616) 949-9610

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Mail Stop Amendment  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450

Dear Sir:

Transmitted herewith is an Amendment in response to the Office Action mailed December 23, 2004 for the above-identified application.

Any fee for additional claims has been calculated as shown below:

**CLAIMS AS AMENDED**

	Col. 1		Col. 2	Col. 3	Small Entity		Other Than A Small Entity	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total Claims	* 30	Minus	** 30	= 0	x \$25	\$ 0	X \$ 50	\$
Independent Claims	* 2	Minus	*** 3	= 0	x 100	\$ 0	X \$200	\$
First Presentation of Multiple Dependent Claims \$180						\$ 0	X \$360	\$
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>						\$ 0		\$

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

Applicants : Petar R. Dvornic et al.  
 Appln. No. : 10/712,739  
 Page : 2

Each Additional Group of 50 Pages That Exceeds 100 Pages

Col. 1		Col. 2	Col. 3	Small Entity		Other Than A Small Entity	
No. of Groups Remaining After Amendment		Highest No. of Groups Previously Paid For	Present Extra Groups	Rate (each add'l 50 pages over 100)	Add'l Fee	Rate (each add'l 50 pages over 100)	Add'l Fee
1	Minus	*2	=**0	x \$125	\$0	X \$250	\$

One "group" is a set of 50 application (specification, claims, abstract, and drawings) pages.

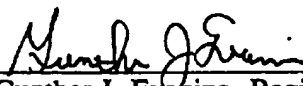
- \* If the entry in Col. 2 is more than the entry of Col. 1, write "0" in Col. 3  
 \*\* If the entry in Col. 3 is not "0," pay the required fee.

- Small entity status of this application 37 CFR §§1.9 and 1.27 has been established by a verified statement previously submitted or is enclosed.
- ☒ No additional fee is required.
- A fee of \$\_\_\_\_\_ to cover the cost of the additional claims added by this response is enclosed.
- A fee of \$\_\_\_\_\_ to cover the application size fee is enclosed.
- ☒ Please charge any additional fees or credit overpayment to Deposit Account No. 16 2463. A duplicate copy of this sheet is attached.

Respectfully submitted,

March 23, 2005  
 Date

GJE/daw

  
 Gunther J. Evanina, Registration No. 35 502  
 Price, Heneveld, Cooper, DeWitt & Litton, LLP  
 695 Kenmoor, S.E.  
 Post Office Box 2567  
 Grand Rapids, Michigan 49501  
 (616) 949-9610

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<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>						\$ 0		\$

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Applicants : Petar R. Dvornic et al.  
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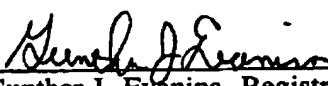
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1. \_\_\_\_\_ Small entity status of this application 37 CFR §§1.9 and 1.27 has been established by a verified statement previously submitted or is enclosed.
2.   X   No additional fee is required.
3. \_\_\_\_\_ A fee of \$\_\_\_\_\_ to cover the cost of the additional claims added by this response is enclosed.
4. \_\_\_\_\_ A fee of \$\_\_\_\_\_ to cover the application size fee is enclosed.
5.   X   Please charge any additional fees or credit overpayment to Deposit Account No. 16 2463. A duplicate copy of this sheet is attached.

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Dear Sir:

AMENDMENT

In response to the Office Action mailed December 23, 2004, Applicants request reconsideration in view of the following amendments and remarks.

Please amend the above-referenced application as follows.

Amendments to the specification begin on page 2 of this paper.

Amendments to the claims are reflected in the listing of claims which begins on page 3 of this paper.

Remarks begin on page 8 of this paper.